

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE COMMISSIONER
445 MINNESOTA STREET, SUITE 1000
ST. PAUL, MINNESOTA 55101
PHONE: (651) 201-7160
Fax: (651) 297-5728

Claim Form

Public Safety Officer Survivor Benefits
Minnesota Statute §299A.41 – 47



For payment of Public Safety Officers in the line of duty death benefit per Minnesota Statute §299A.41 – 47
(<https://www.revisor.mn.gov/statutes/?id=299A.41>).

Type or print legibly – Complete all sections that apply, sign and return the form to the address above.

Name of Agency (Employer)

Street Address City State Zip

Date of Death Work Telephone Number

Authorized Signature Date

Name of Claimant (Last, First, Middle) Date of Birth

Street Address City State Zip

Signature of Claimant Date

Describe why line of duty benefit should be paid (use additional page if necessary):

For Commissioner's Office, and Fiscal and Administrative Services use only:

\$ _____ Line of Duty Death Benefit Amount

Approved by: _____ Date: _____

Name and Title

Amount Approved _____ Vendor # _____